



COUNTY OF SAN LUIS OBISPO  
Department of Agriculture/  
Measurement Standards  
2156 SIERRA WAY, SUITE A  
SAN LUIS OBISPO, CA 93401-4556

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AGRICULTURAL COMMISSIONER  
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(805) 781-5910  
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TO: Current Beekeepers

FROM: County of San Luis Obispo Department of Agriculture

SUBJECT: Apiary Registration

If you are planning on bringing bees into this county please accurately complete the attached Apiary Registration Form and make a copy for your own records. There is a registration fee of \$10.00 to be paid to the county where the bees are residing on January 1<sup>st</sup> of each year. Please make checks payable to: Department of Agriculture.

As required by California Food and Agriculture Code Section 29040, every person who owns an apiary within the State of California is required to register the number of colonies in the apiary and the location(s) of the apiary(ies). Section 29044 states that each beekeeper, apiary owner, apiary operator, or person in possession of any apiary, shall pay, in addition to any other fees imposed under this chapter, an annual registration fee of ten dollars (\$10) to the commissioner of the county where the bees reside on January 1, to cover the cost of apiary registration.

- 1 **Requesting restricted pesticide notification:** If a request for restricted pesticide notification is necessary, then complete the lower half of the form by providing a time(minimum two hours) and phone number where you can be reached. ***The accuracy of apiary location(s) is critical for all parties and staff involved, our accuracy is based on your accuracy.*** Section, Township and Ranges are preferred otherwise use the distance from the nearest crossroads and compass directions (i.e. North, South etc.). Our department will notify you if we need any further clarification or please call if you have questions.

The registration form can be mailed or hand delivered to:

County of San Luis Obispo  
Department of Agriculture/M Measurement Standards  
2156 Sierra Way, Suite A  
San Luis Obispo, CA 93401  
Attention: Nancy David

If you have any questions or need additional information, please contact  
Nancy David at: (805) 781-1557 or email: ndavid@co.slo.ca.us

# Agricultural Commissioner County of San Luis Obispo

## APIARY REGISTRATION

Please print

NAME:	
ADDRESS:	
CITY/STATE:	ZIP:

COUNTY:	DATE:
BRAND NO:	PHONE:(      )

Please print form, complete in ink, and mail along with a check for the registration fee of \$10.00 made out to the San Luis Obispo County Agricultural Commissioner's Office to:

San Luis Obispo County Agricultural Department  
2156 Sierra Way, Suite A  
San Luis Obispo, CA 93401

☐ Please check here and return if you no longer have bees in this county.  
Bees sold to: \_\_\_\_\_

Please print form, complete in ink, and mail along with

### LOCATION OF APIARIES IN THIS COUNTY ON JAN 1, \_\_\_\_\_

# of colonies	Please describe location so it can be plotted on a county map. Use roads, waterways, intersections, landmarks, ranch names, directions (N, S, E, or W) distances, indicate which side of road, etc.	Section, Township, Range

Attach Additional List if Needed

### REQUEST FOR PESTICIDE NOTIFICATION

I hear by request to be notified before pesticide applications as provided for in Section 29101 of the California Food and Agriculture Code and Title 3 California Administrative Code Section 6654.

I am available for notification during the two hour time period from

\_\_\_\_\_ to \_\_\_\_\_ seven days a week, by collect call to the following phone number(s):

(      ) \_\_\_\_\_ or (      ) \_\_\_\_\_.

I understand that if I fail to submit my request for pesticide notification to the Agricultural Commissioner IN WRITING within the 72 hour period before relocating, I may not be entitled to recover damages for any injury from pest control operations. I also will not recover damages if I fail to properly post an identification sign at my apiaries or am not available for notification at the hours I have designated above.

I understand that this "REQUEST FOR NOTIFICATION" will expire next December 31<sup>st</sup>.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Beekeeper

DATE RECEIVED \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Agricultural Commissioner/ Representative